

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>02/26/04</u>		2 Serial/Patent # <u>09776984</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
1014 1254	Other <u>T. Disc</u>		<u>1/14/04</u>	\$ <u>110</u>							
		7 TOTAL AMOUNT OF REFUND		\$ <u>110</u>							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>1</td><td>6</td><td>--</td><td>1</td><td>4</td><td>3</td><td>5</td></tr></table>			1	6	--	1	4	3	5
1	6	--	1	4	3	5					
<input checked="" type="checkbox"/>	No Fee Due (Explanation):										
<u>TD NOT RQD</u>											
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>D WOOD</u>		TITLE: <u>SR ATT</u>									
SIGNATURE: <u>[Signature]</u>		PHONE: <u>308 6918</u>									
OFFICE: <u>OP</u>											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>[Signature]</u>		DATE: <u>2/27/04</u>									

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B